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** CONTINUING DATA ***************************

This application is a CIP of 09/863,911 05/23/2001 which claims benefit of 60/207,043 05/25/2000
This application 10/722,363
claims benefit of 60/429,249 11/25/2002
and claims benefit of 60/429,250 11/25/2002
and claims benefit of 60/429,476 11/26/2002
and claims benefit of 60/429,521 11/26/2002
and claims benefit of 60/429,528 11/26/2002
and claims benefit of 60/453,370 03/10/2003
and claims benefit of 60/465,733 04/25/2003

** FOREIGN APPLICATIONS *********************

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/25/2004

Foreign Priority claimed ☐ yes ☑ no 35 USC 119 (a-d) conditions ☐ yes ☑ no ☐ Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials	STATE OR COUNTRY OH	SHEETS DRAWING 32	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2

ADDRESS
28995

TITLE
Cash dispensing automated banking machine diagnostic system and method

FILING FEE RECEIVED 1008	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
		☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)